

Department of Health Services:

**The Number of Drug Treatment
Authorization Requests
Has Begun To Stabilize**

January 1997
97011

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January 28, 1997

97011

The Governor of California
President pro Tempore of the Senate
Speaker of the Assembly
State Capitol
Sacramento, California 95814

Dear Governor and Legislative Leaders:

Chapter Summary

The Bureau of State Audits presents the twelfth in a series of semiannual reports evaluating the way the Department of Health Services (department) processes reimbursement requests for certain prescribed drugs under the California Medical Assistance Program (Medi-Cal). These requests are known as drug treatment authorization requests (TARs).

In response to Chapter 716, Statutes of 1992, we obtained from the department statistics on the number of drug TARs received and processed monthly from June 1990 through November 1996. This report focuses on the drug TARs processed during the six months from June 1996 through November 1996.

The department received 386,484 drug TARs from June 1996 through November 1996, an increase of 307,986 (392 percent) over the number of drug TARs received during our first six-month review period of June 1990 through November 1990. One factor contributing to this rise is a 41 percent increase (from 3,675,000 to 5,183,961) in the number of people eligible to obtain drugs through Medi-Cal in the period from June 1990 to November 1996. Another factor is changes in the governing code that reduced the number of prescriptions allowed per beneficiary per month for most contract drugs, so that whenever a beneficiary exceeds the monthly prescription limit, a drug TAR is required to obtain reimbursement for additional prescriptions. Drugs that do not appear on the department's list of contract drugs also require a drug TAR for reimbursement.

The department processed 381,110 drug TARs from June 1996 through November 1996, an increase of 303,828 (393 percent) over the number processed during the first six-month period that we reviewed in 1990. The current number represents the second-highest level of activity since that time. (The department's most active reporting period so far was December 1995 through May 1996, when it processed 402,424 drug TARs.)

Although the number of processed drug TARs has risen since June 1990, the percentage of unprocessed drug TARs compared to drug TARs received has decreased.

In November 1990, the department's backlog consisted of 2,311 unprocessed drug TARs, or 19 percent of the total drug TARs received that month. During that first review period, from June 1990 through November 1990, the average monthly backlog was 20 percent of all drug TARs received. In comparison, the backlog in November 1996 was 5,999 drug TARs, representing 10 percent of all drug TARs submitted that month. The average monthly backlog for the review period June 1996 through November 1996 was just 4 percent of all drug TARs received.

Because the 10 percent November 1996 backlog appeared unusually large when compared to the final months of the last four six-month periods, when total backlog varied between 2 percent and 5 percent of total drug TARs received, we requested an explanation from the department about this recent increase in its backlog. According to the department, its contractor for data entry of drug TARs did not have sufficient staff during the last week of November 1996 to process drug TARs. Also, the department experienced problems with computer communication equipment at the Los Angeles drug unit, a situation that further contributed to the backlog. In exploring this issue further, we determined that the backlog of unprocessed TARs did not have any adverse effects on beneficiaries.

Both of the department's drug units (located in Stockton and Los Angeles) consistently complied with state policy, which requires all drug TARs will be processed within one working day. Any drug TAR received before 5 p.m. on a working day will be processed by 5 p.m. of the following working day. Samples of facsimile (fax), Voice Drug TAR System (VDTS), and mailed-in drug TARs received at the Los Angeles unit, as well as samples of faxes and mailed-in drug TARs received at the Stockton unit, showed that both units had adjudicated all drug TARs within the required time frame.

In response to Section 14105.42 of the Welfare and Institutions Code, the department provided us with information regarding the number of fair-hearing requests that beneficiaries made to appeal drug TARs that were denied. From June 1996 through November 1996, beneficiaries submitted to the Department of Social Services 97 fair-hearing requests appealing denials of drug TARs. This figure represents an increase of 4 (4 percent) over the prior review period of December 1995 to May 1996. Of the 97 requests submitted, 79 (81 percent) were dismissed, 7 were denied, and 7 were approved. The decisions on the remaining 4 were still pending at the time of our review.

Background

Authorized in 1965 under Title XIX of the Social Security Act, Medi-Cal provides a wide array of health care services, including payment for prescription drugs to public-assistance recipients and low-income families. The department administers Medi-Cal under the provisions of Title 22 of the California Code of Regulations. State and federal governments jointly fund Medi-Cal.

Medi-Cal beneficiaries may receive prescription drugs identified on a list that the department has established. This list, known as the Medi-Cal list of contract drugs, includes drugs from most therapeutic categories, including antibiotics, cardiac drugs, and gastro-intestinal drugs. When a doctor prescribes a drug not on the list, or when the monthly limit of six prescriptions for a recipient is exceeded, the provider, who is generally a pharmacist, must receive authorization seeking reimbursement for the cost of the drug or drugs. The provider's request for authorization is known as a drug TAR.

The department has two Medi-Cal drug units that process drug TARs, one in Los Angeles and the other in Stockton. Drug TARs can be submitted via fax, the department's VDTs, or mail.

The processing of drug TARs submitted by fax and mail is divided between the Los Angeles and Stockton drug units on a geographic basis. Mailed-in drug TARs are date-stamped on the day received. Drug TARs received by fax or mail are reviewed by medical transcribers for completeness and then sent to the department's contractor, Electronic Data Systems (EDS), for key data entry. They are then forwarded to licensed pharmaceutical consultants employed by the department for adjudication. The consultants adjudicate, or process, a drug TAR by approving it, approving it with modifications, denying it, or returning it to request further information from the provider. After the

consultants reach a decision, the drug TAR goes back to EDS for final key data entry. At that point, a copy of the drug TAR is returned to the provider.

The Los Angeles drug unit processes drug TARs received by VDTs. Medical transcribers retrieve drug TAR information received by VDTs, and then type the information onto drug TAR forms. These forms are then forwarded to the pharmaceutical consultants, who follow the same process as the one established for mailed-in or faxed drug TARs. A copy is sent to the provider. The decision is also recorded on VDTs, which the provider can access to determine the status of the request.

Scope and Methodology

Chapter 716, Statutes of 1992 required the Office of the Auditor General (OAG) to prepare an analysis and summary of the department's statistical data on drug TARs. Section 14105.42 of the Welfare and Institutions Code mandated that the OAG submit a report on these data and a comparative analysis of changes using data from June 1990 through November 1990 as a base to the Legislature beginning on February 1, 1991, and every six months thereafter until January 1, 1999. Chapter 12, Statutes of 1993 (Government Code, Section 8546.8), directs the Bureau of State Audits to assume these responsibilities.

To fulfill these requirements, we did the following:

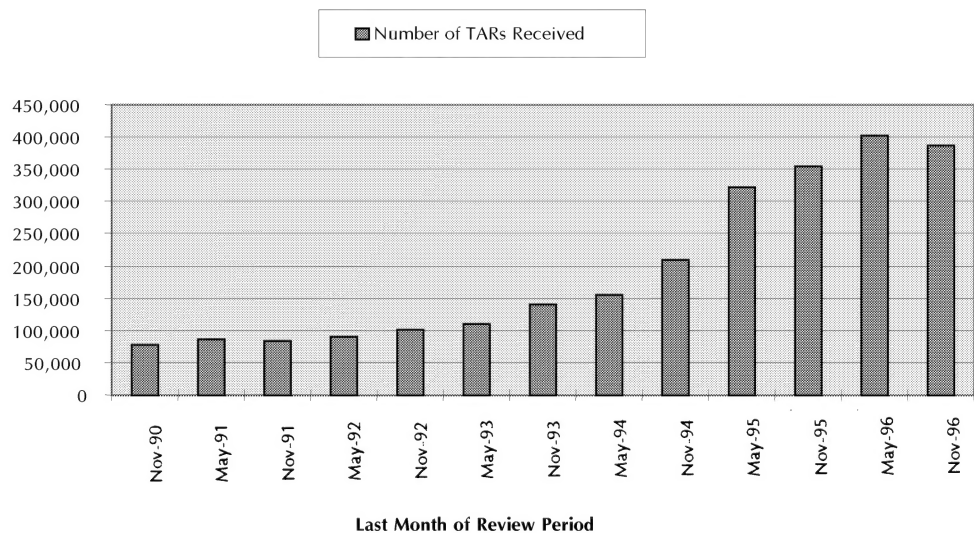
- Obtained statistical data from the department regarding drug TARs received by VDTs, fax, and mail, as well as the number of drug TARs approved, modified, denied, and returned;
- Verified the Los Angeles and Stockton drug units' processes for compiling monthly drug TAR statistics during the six months from June 1996 through November 1996;
- Conducted tests to determine whether the drug units are processing all drug TARs within one working day; and
- Obtained data from the drug units on the number of denied drug TARs appealed to the Department of Social Services during June 1996 through November 1996.

Drug TARs Received

As shown in Figure 1, the number of drug TARs received has increased substantially from June 1990 through November 1996. During the first six months of the OAG's review, from June 1990 through November 1990, the drug units received 78,498 drug TARs. From June 1996 through November 1996, the drug units received 386,484 drug TARs, which is an increase of 307,986 (392 percent) over the first review period.

Figure 1

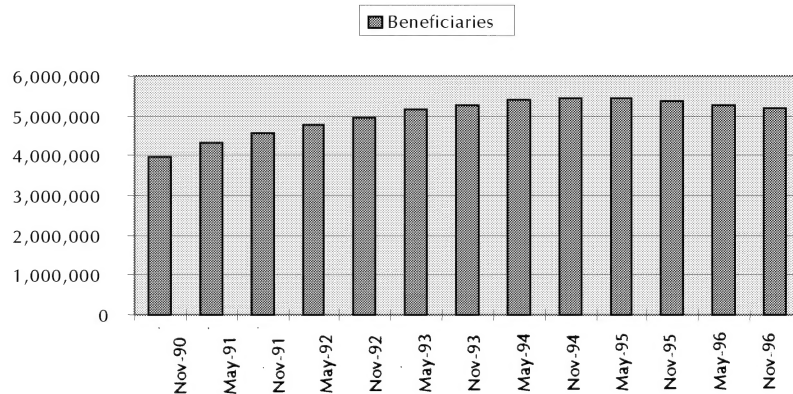
Number of Drug TARs Received in Each Six-Month Period 1990 Through 1996



From June 1996 through November 1996, the number of drug TARs the department received compared to the number received during the previous six-month period decreased by 16,417 (4 percent). This slight reduction corresponds to a trend displayed in Figure 2, which illustrates the total number of Medi-Cal beneficiaries enrolled at the end of each six-month reporting period from June 1990 through November of 1996. As Figure 2 indicates, the number of beneficiaries enrolled at the end of each of these six periods has slowly declined since May 1995.

Figure 2

**Number of Medi-Cal Beneficiaries
at the End of Each Review Period
1990 Through 1996**



Methods of Delivery

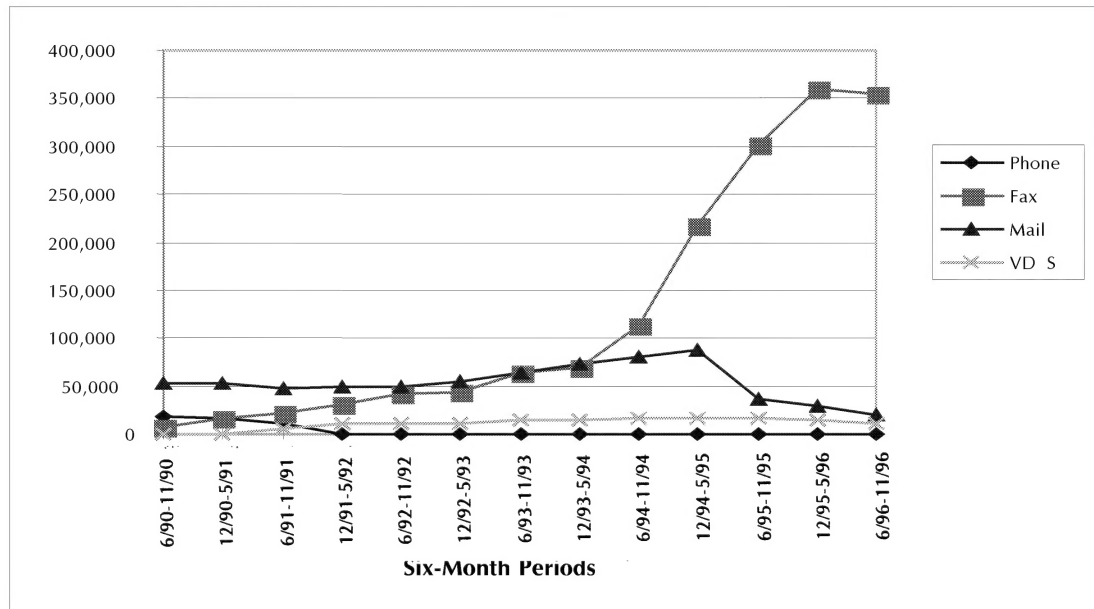
As Figure 3 shows, the most common method of submitting drug TARs continues to be by fax. During the period June 1996 through November 1996, providers faxed to the department 354,910 drug TARs, or 92 percent of all drug TARs received

by the department. Although the number of drug TARs received by fax rose between June 1990 and May 1996, the number of drug TARs submitted by this method during June 1996 through November 1996 has declined slightly from the previous reporting period. During that prior period, December 1995 through May 1996, 358,948 TARs were submitted by fax, a total of 4,038 (1 percent) more than the current period.

The number of drug TARs received by VDTs during the last reporting period has also decreased from the prior reporting period. From December 1995 to May 1996, 15,034 drug TARs were submitted by VDTs, whereas, 11,505 drug TARs were submitted by VDTs from June 1996 through November 1996. The latest figure represents 3,529 (23 percent) fewer drug TARs submitted by VDTs than in the previous period. Nonetheless, this total is still significantly higher than the number of drug TARs submitted by VDTs from June 1991 through November 1991, the first period when VDTs was operational for a full six months.

Figure 3

**Methods of Receiving Drug TARs
Each Six-Month Period
1990 Through 1996**



Department personnel said the reduction in drug TARs submitted by VDTs may be because the department has been contacting providers who use VDTs to determine whether or not these providers could use the fax method instead. The department is exploring the possibility of eliminating the VDTs system and is currently interviewing current system users to determine the impact of eliminating this method of service delivery. Although the department has not decided whether it will discontinue the VDTs, department staff believe that many providers are switching to fax submission of drug TARs in anticipation of a department change.

The number of mailed-in drug TARs continued to decrease during the period June 1996 through November 1996. The decrease in the number of mailed-in drug TARs was first noted a year ago, during the June 1995 through November 1995 reporting period. During that period, 36,715 drug TARs were mailed to the department's drug units. In the subsequent period, December 1995 through May 1996, only 28,919 drug TARs had been mailed. A total of 20,069 were mailed during the current period. This figure shows a 16,646 (45 percent)

decrease in the number of mailed-in drug TARs from one year ago, and a decrease of 8,850 (31 percent) from six months ago.

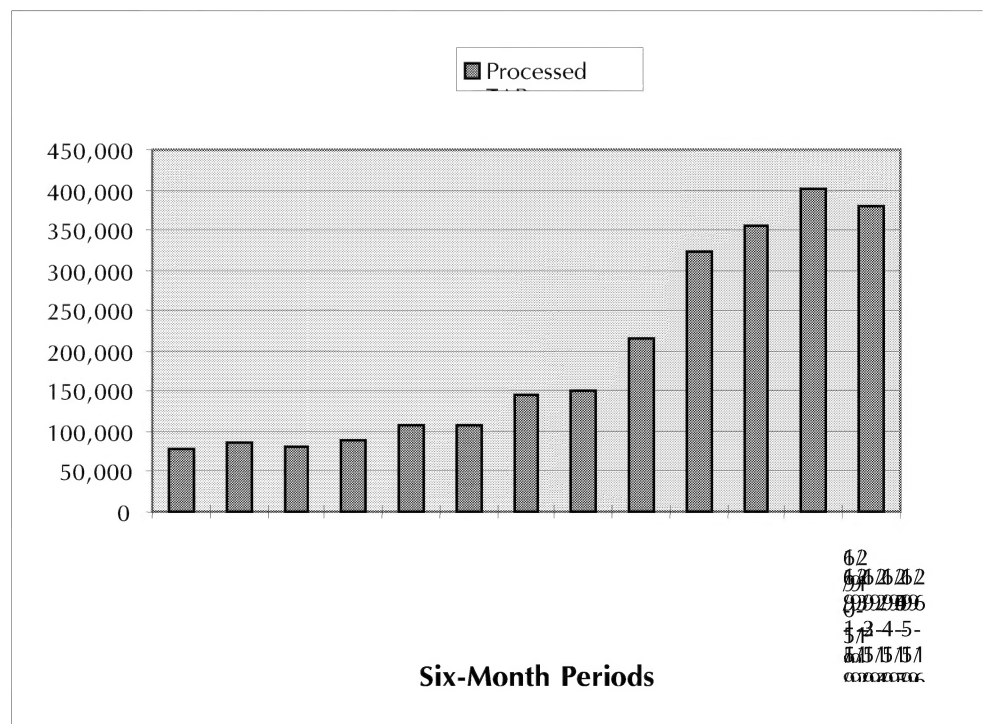
The decrease in the number of mailed-in drug TARs is attributable to a policy change at the department. Before April 1995, the department allowed providers to submit by fax or VDTs only those drug TARs for initial supplies of prescribed drugs and drugs that beneficiaries urgently needed. In April 1995, the department allowed providers to fax all drug TARs to the drug units, a change that resulted in the decrease in the number of mailed-in drug TARs and an increase in the number of drug TARs received by fax.

Drug TARs Processed

Figure 4 displays the number of drug TARs processed at the drug units from 1990 through 1996. During the first six months of the OAG's review, from June 1990 through November 1990, the drug units processed 77,282 drug TARs. In comparison, from June 1996 through November 1996, the drug units processed 381,110 drug TARs, an increase of more than 303,828 (393 percent).

Figure 4

Number of Drug TARs Processed During Each Review Period 1990 Through 1996



The increase in the number of drug TARs processed during this reporting period is directly related to the 392 percent increase in the number the department received since the first period of our review, January 1990 through June 1990. Attachment B presents a comparison of the number of drug TARs that the department processed from June 1990 through November 1990 and from June 1996 through November 1996. Attachment C compares the number of drug TARs approved, modified, denied, and returned from June 1990 through November 1990 and from June 1996 through November 1996.

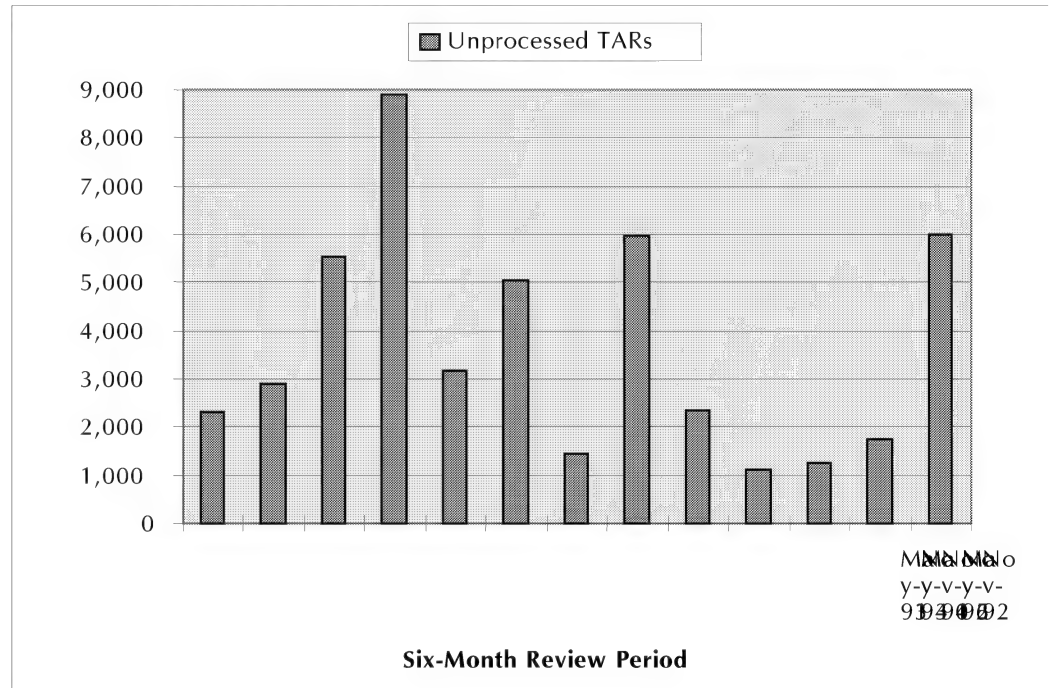
Of the 381,110 drug TARs that the drug units processed from June 1996 to November 1996, 77 percent were approved, 8 percent were modified, 8 percent were denied, and 7 percent were returned.

Backlogs of Unprocessed Drug TARs

As Figure 5 indicates, the department had a backlog of drug TARs at the end of each six-month reporting period from June 1990 through November 1996. At the end of the last working day of the most recent reporting period, November 27, the department had 5,999 unprocessed drug TARs, including 4,458 (74 percent) in the Los Angeles drug unit. The total number of unprocessed drug TARs represents an increase of 4,256 (244 percent) over the 1,743 unprocessed TARs remaining on May 31, 1996, the last working day of the prior reporting period. Backlogged TARs are those received and logged in by the department but not fully processed as of 5 p.m. on a specific workday. Department policy requires that all drug TARs included in a specific workday's backlog will be processed by 5 p.m. of the following workday.

Figure 5

**Number of Unprocessed Drug TARs
at the End of Each Six-Month Review Period
1990 Through 1996**



Historically, both the Los Angeles and Stockton drug units receive a large volume of drug TARs at the end of each month. Providers also submit more drug TARs than usual before time periods when the drug units will close for extended periods, such as weekends or holidays. Both drug units are aware of the increased drug TAR activity associated with weekends and holiday periods, and the drug units usually assure they have sufficient personnel, including pharmacists, data-entry staff, and any other necessary support personnel to process the large volume of TARs quickly and properly. However, according to department staff, there was insufficient data-entry staff available during the last week of November to properly complete the processing of the drug TARs.

There were only three workdays in the last week of November, as Thursday and Friday were state holidays and the unit was closed on those days. Our review of the EDS data-entry production records for those three days indicates that 6 of the approximately 25 data-entry staff needed were absent on Monday and Tuesday of that week, and five were absent on Wednesday, the final workday of that week and the month.

On all three workdays, three staffers were on approved vacation leave, one was on a medical leave of absence, and one who was scheduled to work was absent. One other scheduled employee was absent the first two days of that week.

We explored this situation further to determine if indeed there had been any adverse effects on the beneficiaries as a result of the large backlog of unprocessed drug TARs. The department told us that the backlog had created no adverse effect on beneficiaries, but it may have affected some providers in that there was a longer-than-usual delay between the time a drug TAR was approved and the time the provider could bill the department for the dispensed medication. At most, a provider may have had a delay of one workday between dispensing a prescription and being able to bill the department for it.

Department staff stated that during the final week in November, drug TARs received by the Los Angeles drug unit were quickly logged in and distributed to the pharmacist consultants for review. The unit had scheduled sufficient pharmacist consultants to ensure that all drug TARs received on these final days of the month were quickly reviewed and adjudicated. As soon as a consultant processed a drug TAR, this information was available to the provider via the department's toll-free Provider Telecom Net (PTN) phone number. By accessing the PTN line, the provider could quickly and easily determine the status of the drug TAR and take appropriate action for the beneficiary. After determining that the department had approved a drug TAR, the provider could dispense the medication immediately to the beneficiary, and the provider would be assured of reimbursement from the department.

Normally, after the consultant has adjudicated the drug TAR, it goes back to the data entry staff, who enter the decision in the department's computer system. At this point, the department considers the drug TAR fully processed, and only then can the provider submit a bill for payment. After final data entry, the department mails or faxes the provider a copy of the drug TAR that documents its status. The provider usually relies on this copy for notice of the drug TARs disposition and does not need to access the department's PTN line.

The department also noted that another factor contributing to the November 1996 backlog may have been inadequate or insufficient computer or data-transmission equipment. During the past few months, staff at the Los Angeles drug unit have reported that a high volume of data-entry activity by all units within the Los Angeles field office seems to slow the computer system's processing capabilities. The department has been investigating this issue, and in early December 1996, it installed

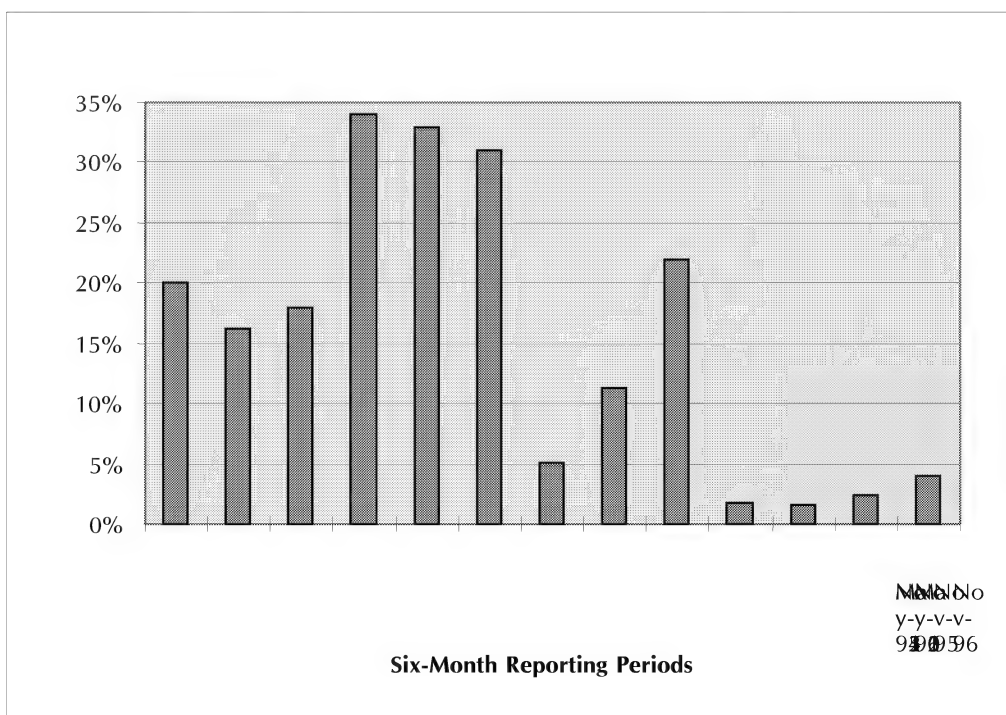
an additional modem at the Los Angeles Medi-Cal field office, where the drug unit is located, in an attempt to speed processing of all computer data within that field office. However, as of December 1996, the department had not noticed any improvement in the Los Angeles drug unit's computer-system response time. The department is continuing to investigate this issue to determine if indeed there is a problem with the computer equipment, and, if so, to find the best solution.

While the backlog of unprocessed TARs at the end of the latest review period is substantially greater than reported at the end of the prior review period, the November 1996 backlog represents about 10 percent of all drug TARs submitted that month. Attachment B provides detailed information on the monthly number of unprocessed drug TARs at month end from June 1990 through November 1990, and from June 1996 through November 1996.

Figure 6 depicts the monthly average of unprocessed drug TARs for all reporting periods. During the past 4 reporting periods, the average percent of unprocessed drug TARs has not exceeded 5 percent.

Figure 6

***Average Percent of Unprocessed TARs
During Each Six-Month Review Period***



Compilation of Drug TAR Statistics

To test the department's processes for compiling drug TAR statistics, we sampled statistics maintained in each drug unit for September 1996. Both drug units maintain daily and weekly data, and they use the data to compile monthly drug TAR statistics. According to our sample, the Los Angeles and Stockton drug units accurately compiled and reported their drug TAR statistics.

Changes in the Department's Policy for Processing Drug TARs

Section 14103.6 of the Welfare and Institutions Code requires that the department's pharmaceutical consultants process drug TARs in an average of five working days. The department defines a working day as one on which the Medi-Cal drug unit is open for business and excludes Saturdays, Sundays, and state holidays. This section also states that if the pharmaceutical consultant does not make a decision on a drug TAR within 30 days of receiving it, the request is considered approved. In contrast, Section 1927(d)(5) of the federal Social Security Act of 1990 requires states to respond to all drug TARs within 24 hours of receipt regardless of how they are delivered to the department. The federal Department of Health and Human Services' Health Care Financing Administration (HCFA) upholds this position.

In April 1995, the department changed its policy to conform more closely to the federal requirements and directed the drug units to process all drug TARs within one working day. The department has interpreted "one working day" to mean that any drug TAR received before 5 p.m. on a working day will be processed by 5 p.m. the following working day. The department's new policy has had the greatest impact on mailed-in drug TARs, as previous department policy had required that mailed-in drug TARs were to be processed within five working days. Drug TARs received by fax or VDTs were to be processed within 24 hours.

Although the department's new policy of processing all drug TARs within one working day conforms more closely to the federal regulations, it still does not require processing within 24 hours. For example, if the department receives a drug TAR at 10 a.m. on a Thursday, under the new policy, staff might not complete the processing until 5 p.m. on Friday, an elapsed time of 31 hours. In another example, a drug TAR received after 5 p.m. on the first working day of the month is considered received on the second working day of the month. The

decision rendered on that drug TAR must be available to the provider no later than 5 p.m. on the third working day of the month, a possible elapsed time of almost 48 hours.

During previous audits, we were informed that the HCFA would be issuing a formal opinion on the department's new policies. Through our most recent contacts with both the department and HCFA, we determined that no formal opinion has been issued.

Processing Times for Drug TARs Submitted to the Department

During this audit, we selected at random and reviewed a combined total of 1,729 drug TARs that providers faxed, mailed, or submitted by VDTs to the drug units. The receiving unit processed all the drug TARs in our sample within one workday.

In prior reporting periods, the drug units have calculated the time it takes to process a drug TAR in order to ensure that the unit complied with state requirements related to drug TAR processing time. As part of our previous audits, we validated the drug units' processing-time calculations. However, in March 1996, the department conducted a study and determined that the methods used to prepare the calculations were inefficient. For this reason, the department directed the drug units to stop using this method to calculate the drug units' turn-around time. Although the study suggested an alternative to the drug units' existing methods, the department had not developed and implemented a new methodology at the time of this review. For this reason, we were unable to validate the department's current methods for calculating the amount of time it takes to process a drug TAR.

Information on Drug TAR Fair Hearings and Complaints

Section 14105.42 of the Welfare and Institutions Code requires the department to report to the Legislature the number of fair hearings requested, approved, denied, and pending for all denied drug TARs. Beneficiaries request fair hearings through the Department of Social Services (DSS). From June 1996 through November 1996, 97 fair-hearing requests were submitted to the DSS. This is an increase of 4 (4 percent) from the prior review period, December 1995 through May 1996.

Of the 97 requests submitted, 79 were withdrawn or dismissed, 7 were denied, 7 were approved, and the decisions on the remaining 4 were still pending at the time of our review.

Recommendations

In order to ensure that the backlog of drug TARs at the end of each month is manageable, we recommend that the department take the following steps:

- Continue to monitor closely the scheduling of data entry staff to ensure that the department can process within the required time frame the number of drug TARs the department estimates it will receive; and
- Continue to investigate problems with computer and data transmission equipment at the Los Angeles field office.

We also recommend that the department reinstate procedures ensuring that each drug unit constantly monitors the effectiveness of its operation. As discussed above, the drug units recently stopped calculating the amount of time needed to process drug TARs. We believe, however, that measuring turn-around time for drug TARs is a way for the department

to gauge the drug units' effectiveness. For this reason, the department should develop a standardized methodology for measuring the time required to process a drug TAR. This methodology should include the following criteria:

- Be based on a sample of drug TARs processed on a monthly or quarterly basis;
- Have separate calculations for drug TARs received in the mail, by fax, and by VDTs;
- Feature easy implementation and a minimal need for staff time; and
- Consistent implementation in the department's drug units.

We conducted this review under the authority vested in the state auditor by Section 8543 et seq. of the California Government Code and according to generally accepted governmental auditing standards. We limited our review to those areas specified in the audit scope of this report.

Respectfully submitted,



KURT R. SJOBERG
State Auditor

Staff: Steve Hendrickson, Audit Principal
Colleen Schroeder, CPA

Attachments

- A Comparison of Drug Treatment Authorization Requests
Received by Means of Delivery
June Through November 1990 and
June Through November 1996
- B Comparison of Drug Treatment Authorization Requests Processed
June Through November 1990 and
June Through November 1996
- C Comparison of Drug Treatment Authorization Requests
Approved, Modified, Denied, and Returned
June Through November 1990 and
June Through November 1996

Attachment A

**Comparison of Drug Treatment Authorization Requests
Received by Means of Delivery
June Through November 1990 and
June Through November 1996**

		Telephone	Fax	Mail	VDTS	Monthly Total
1990	June	3,989	0	10,125		14,114
	July	3,225	985	9,990		14,200
	August	3,126	1,561	8,679		13,366
	September	2,358	1,646	7,517		11,521
	October	2,955	2,064	8,340		13,359
	November	2,483	1,849	7,606		11,938
Total		18,136	8,105	52,257	0	78,498
1996	June		52,562	4,001	1,856	58,419
	July		60,982	4,430	2,184	67,596
	August		58,910	3,677	1,954	64,541
	September		56,997	2,893	1,778	61,668
	October		69,188	2,877	2,007	74,072
	November		56,271	2,191	1,726	60,188
Total		0	354,910	20,069	11,505	386,484

Source: California Department of Health Services

**Comparison of Drug Treatment Authorization Requests Processed
June Through November 1990 and
June Through November 1996**

		Unprocessed TARs at Beginning of Month	TARs Received During Month	Total Available To Be Processed	Total Processed During Month	Unprocessed TARs	Percent of TARs Processed
1990	June	2,160	14,114	16,274	13,015	3,259	79.97%
	July	3,259	14,200	17,459	14,164	3,295	81.13
	August	3,295	13,366	16,661	14,502	2,159	87.04
	September	2,159	11,521	13,680	11,394	2,286	83.29
	October	2,286	13,359	15,645	13,103	2,542	83.75
	November*	1,477	11,938	13,415	11,104	2,311	82.77
1996	June	1,743	58,419	60,162	58,627	1,011**	97.45
	July	1,011	67,596	68,607	67,448	1,097	98.31
	August	1,097	64,541	65,638	64,834	744	98.78
	September	744	61,668	62,412	60,309	2,050	96.63
	October	2,050	74,072	76,122	69,553	6,485	91.37
	November	6,485	60,188	66,673	60,339	5,999	90.50

*The number of unprocessed drug TARs at the end of October 1990 does not agree with the number of unprocessed drug TARs at the beginning of November 1990. The manager of the drug unit stated that unit staff did a hand count of the actual unprocessed drug TARs at the end of October 1990 and found that the unit's accounting records overstated by 1,065 the number of unprocessed drug TARs for the end of the month. Because of this finding, unit staff adjusted the number of unprocessed drug TARs reported at the beginning of November.

**The amounts in this column should equal the amount of TARs available to be processed less the total processed during the month. However, department's records for unprocessed TARs reflect an amount different from this calculation, which is the amount reflected above. We requested an explanation from the department as to why its records did not equal the expected amounts. The department was not able to provide an explanation or reconcile the differences.

Source: California Department of Health Services

**Comparison of Drug Treatment Authorization Requests
Approved, Modified, Denied, and Returned
June Through November 1990 and
June Through November 1996**

		Approved*	Modified	Denied	Returned	Total Processed
1990	June	9,350	2,001	1,226	438	13,015
	July	9,169	2,008	1,361	1,626	14,164
	August	8,980	2,650	2,045	827	14,502
	September	7,222	1,847	1,565	760	11,394
	October	8,377	2,215	1,698	813	13,103
	November	7,033	1,811	1,455	805	11,104
Totals		50,131	12,532	9,350	5,269	77,282
1996	June	42,018	7,378	4,783	4,448	58,627
	July	50,100	7,005	5,392	4,951	67,448
	August	48,685	6,212	5,098	4,839	64,834
	September	46,541	4,477	4,684	4,607	60,309
	October	56,571	2,458	5,145	5,379	69,553
	November	50,147	1,453	4,056	4,683	60,339
Totals		294,062	28,983	29,158	28,907	381,110

* An approved drug TAR has been authorized by the drug unit as submitted. A modified drug TAR has been changed by the drug unit in some way and then approved. Changes could include a change in the quantity of the drug requested, a change in the time for which the drug is approved, or the denial of or change to one drug request on a drug TAR with several requests. A denied drug TAR has been rejected as submitted. A returned drug TAR lacks sufficient information for the drug unit to make a decision. The drug unit returns the drug TAR to the provider for clarification.

Source: California Department of Health Services